



Water Resources Program
Application for Change/Transfer
of Water Right

For filing with the Department of Ecology or with
County Water Conservancy Boards

For Ecology Use
(Date Stamp)

RECEIVED

JAN 24 2013

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 1-24-2013
CHECK NO. _____ FEE \$ _____
DATE ACCEPTED 2-4-2013 BY K. Ryt
CHANGE NO. CG3-137504CL
COUNTY Grant WRIA 41
SPECIAL AREA OGWMS

SEPA: ☒ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. _____ PERMIT NO. _____

CERT NO. _____ CERT OF CHG NO. _____

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information

APPLICANT/BUSINESS NAME <u>Joe A. + Lori P. Garro</u>	PHONE NO. <u>750-1807</u>	FAX NO.
ADDRESS <u>PO Box 1396</u>		
CITY <u>Moses Lake</u>	STATE <u>WA</u>	ZIP CODE <u>98837</u>
CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>Same</u>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <u>G3-137504</u>	RECORDED NAME(S) <u>Claire Hansen</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
1 well			NW	26	19	27	313599000	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
well			SE	6	18	26	16627000	
			NWSE or NESE or SWSE or SESE					

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IR, DS, stockwater	700	900	March 1 - Nov 1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IR	900	100	March 1 - Nov 1
	450 - CG3-137505		
	250 - CG3-137504		

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

NW

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NW	26	19	27	Grant	313599000	141

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

SE 6-18-26

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SE	6	18	26	Grant	160270000	25 (160)

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ ES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

Transfer of G3-137505 + G3-137504 for center pivot irrigation of 135-160 acres

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Same / Joe A. Garro / Applicant Printed Name - Title / [Signature] / Applicant Signature / 1/24/13 / (Date)

Lori P. Garro / Water Right Holder Printed Name / [Signature] / Water Right Holder Signature / 1/24/13 / (Date)

Same / Land Owner of Existing Place of Use Printed Name / [Signature] / Land Owner of Existing Place of Use Signature / / / (Date)

Same / Land Owner of Proposed Place of Use Printed Name / [Signature] / Land Owner of Proposed Place of Use Signature / / / (Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
WATER RIGHT CLAIMS REGISTRATION

WATER RIGHT CLAIM

RECEIVED
DEPT. OF ECOLOGY

JUN 30 74 10 33 60

CASH OTHER NO.

1. NAME CLAIRE HANSEN

ADDRESS STAR RT BOX 366

MOSES LAKE WA ZIP CODE 98837

2. SOURCE FROM WHICH THE RIGHT TO TAKE AND MAKE USE OF WATER IS CLAIMED: GROUND WATER
(SURFACE OR GROUND WATER)

W.R.I.A. 41
(LEAVE BLANK)

A. IF GROUND WATER, THE SOURCE IS WELL

B. IF SURFACE WATER, THE SOURCE IS _____

3. THE QUANTITIES OF WATER AND TIMES OF USE CLAIMED:

A. QUANTITY OF WATER CLAIMED 700 GALLONS PER MIN PRESENTLY USED SAME
(CUBIC FEET PER SECOND OR GALLONS PER MINUTE)

B. ANNUAL QUANTITY CLAIMED 900 PRESENTLY USED SAME
(ACRE FEET PER YEAR)

C. IF FOR IRRIGATION, ACRES CLAIMED 141 PRESENTLY IRRIGATED 135

D. TIME(S) DURING EACH YEAR WHEN WATER IS USED: MAR 1 TO NOV 1

4. DATE OF FIRST PUTTING WATER TO USE: MONTH _____ YEAR 1925

5. LOCATION OF THE POINT(S) OF DIVERSION/WITHDRAWAL: 70 FEET SOUTH AND 10

FEET WEST FROM THE NORTH QUARTER CORNER OF SECTION 26

BEING WITHIN NORTH WEST QUARTER OF SECTION 26 T. 19 N., R. 27E (E. OR W.) W.M.

IF THIS IS WITHIN THE LIMITS OF A RECORDED PLATTED PROPERTY, LOT _____ BLOCK _____ OF _____

(GIVE NAME OF PLAT OR ADDITION)

6. LEGAL DESCRIPTION OF LANDS ON WHICH THE WATER IS USED: NORTH WEST QUARTER
OF SECTION 26 TOWNSHIP 19 RANGE 27

COUNTY GRANT

7. PURPOSE(S) FOR WHICH WATER IS USED: IRRIGATION & DOMESTIC & STOCK WATER

8. THE LEGAL DOCTRINE(S) UPON WHICH THE RIGHT OF CLAIM IS BASED: _____

DO NOT USE THIS SPACE

THE FILING OF A STATEMENT OF CLAIM DOES NOT CONSTITUTE AN ADJUDICATION OF ANY CLAIM TO THE RIGHT TO USE OF WATERS AS BETWEEN THE WATER USE CLAIMANT AND THE STATE OR AS BETWEEN ONE OR MORE WATER USE CLAIMANTS AND ANOTHER OR OTHERS. THIS ACKNOWLEDGEMENT CONSTITUTES RECEIPT FOR THE FILING FEE.

DATE RETURNED _____ THIS HAS BEEN ASSIGNED
WATER RIGHT CLAIM REGISTRY NO. _____

I HEREBY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

X Claire Hansen

DATE June 26 - 1974

IF CLAIM FILED BY DESIGNATED REPRESENTATIVE, PRINT OR TYPE FULL NAME AND MAILING ADDRESS OF AGENT BELOW.

DIRECTOR - DEPARTMENT OF ECOLOGY

ADDITIONAL INFORMATION RELATING TO WATER QUALITY AND/OR WELL CONSTRUCTION IS AVAILABLE.

A FEE OF \$2.00 MUST ACCOMPANY THIS WATER RIGHT CLAIM
ORIGINAL DWR

RETURN ALL THREE COPIES WITH CARBONS INTACT, ALONG WITH YOUR FEE TO:
DEPARTMENT OF ECOLOGY
WATER RIGHT CLAIMS REGISTRATION
P.O. BOX 829 OLYMPIA, WASHINGTON 98504